

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101554003

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		h				
3		h				
4		h				
5		h				
6		h				
7		h				
8	1					
9		h				
10		h				
11		h				
12		h				
13		h				
14		h				
15	1					
16	1					
17			1			
18				1		
19				1		
20				1		
21				1		
22				1		
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50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	15	←		←
TOTAL CLAIMS			18			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						